BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
	I AI ENT)NC	10010618										
CLAIMS AS FILED - PART I								SMALL E			OTHER	THAN	
<u>۔۔</u>	TAL OLABAG		(Column 1)		(Column 2)			TYPE [:OR			
TOTAL CLAIMS			15					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			17-minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		*			X42=		OR	X84=		
ΜĻ	ILTIPLE DEPEN	IDENT CLAIM P	RESENT].	+140=		OR	+280=	280	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2				TOTAL		.	TOTAL	1100a		
CLAIMS AS AMENDED - PART II										OTHER			
		(Column 1)		(Colur		(Column 3)	. .	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,	
	Independent	<u> </u> *	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┇	+140=			+280=		
•								TOTAL		OR	TOTAL	1000	
	(Column 1) (Column 2)			mn 0\	(Column 3)		ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	1000		
AMENDMENT B		CLAIMS		HIGH	EST	· ·	5 1		ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X42=		1	X84=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [OR			
		· .:		· •				+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							٠.	· · · · .				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	· .	=]	X42=		OR	X84=		
	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT		CLAIM		┚┞						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		nber Previously Pal					er fou	ınd in the ap	propriate bo	x in col	umn 1.		